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HB 5988 AN ACT CONCERNING HEARING ASSESSMENTS FOR MIDDLE SCHOOL STUDENTS

HB 5991 AN ACT CONCERNING HEARING ASSESSMENTS FOR HIGH SCHOOL STUDENTS

Senator Gerratana, Representative Johnson, and Members of the Public Health Committee,

Thank you for the opportunity to address you today.

As a school nurse with 28 years of experience in school health and on behalf of the Association of School Nurses of Connecticut, I oppose:

HB 5988 AN ACT CONCERNING HEARING ASSESSMENTS FOR MIDDLE SCHOOL STUDENTS

HB 5991 AN ACT CONCERNING HEARING ASSESSMENTS FOR HIGH SCHOOL STUDENTS

CGS Sec. 10-206 requires hearing assessments be done in grades K-3, 5, and 8 and for children with history of hearing problems more often. In addition, CGS regarding mandated physical examinations requires hearing testing to be done at the time of the physical examination in grades K, 6 or 7 and 9 or 10.

According to the Regulations of Connecticut State Agencies (RCSA), Section 10-214-3(a), "School nurses, registered nurses, speech pathologists, audiologists, trained aides to school nurses, licensed practical nurses, and trained volunteers may perform audiometric screening. All persons who conduct audiometric screening shall have completed six (6) hours of training in this area including practice supervised by a properly trained school nurse, speech pathologist or audiologist. Children under age six (6) or handicapped students shall be screened by persons with specific training and experience in screening children in these categories."

Despite the regulations, the responsibility for hearing screening falls upon the school nurse. Although hearing assessment seems to be a "simple" screening process, the reality is it is far from simple. Scheduling presents challenges because teachers, hard pressed to meet the demands of preparing children for standardized testing, perceive screenings as an impediment on class time.

Once scheduled, nurses may be responsible for screening hundreds of students or students in multiple schools. Even for those fortunate enough to have manageable student populations, screenings take place in less than ideal environments and rarely, if ever, without interruption. Balancing the need for screening with children waiting to be seen in the health office for illness or injury leaves the nurse to multitask, keeping students waiting to be screened in the health office for extended periods of time.

The American Academy of Audiology guidelines, noted below, provide evidence-based recommendations for hearing screening of children age 6 months through high school.

American Academy of Audiology  
Childhood Hearing Screening Guidelines

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“The American Academy of Pediatrics (AAP) endorses hearing screening throughout infancy, early childhood, middle childhood and adolescence in its Recommendations for Preventive Pediatric Health Care (American Academy of Pediatrics, 2007). All newborns are to be screened in accordance with the Joint Committee on Infant Hearing (JCIH) Year 2007 Position Statement with additional hearing screening to be performed during routine well child visits at ages 4, 5, 6, 8, and 10. Even when a child is seen for a well-child visit, pediatricians typically neither check nor recheck hearing nor refer more than half of the ten percent of children who fail their hearing screening (Halloran et al. 2006).

Although school hearing screening procedures have been in place in school districts for more than 50 years, there is minimal research specifying ages or grades when screening will most efficiently identify students with educationally significant hearing loss. The American Academy of Pediatrics and Bright Futures published Recommendations for Preventive Health Care (2008). These recommendations were developed to guide pediatricians for screenings and risk assessments of the well child and specify hearing screenings for school-aged children at 4, 5, 6, 8, and 10 years. Sarafranz & Ahmadi (2009) identified a significantly higher number of students with hearing loss in the second grade than in the first grade, data that supports hearing screening beyond school entrance. Information on high frequency hearing loss provides

support for the need to screen for hearing loss beyond the elementary school years (Montgomery & Fujukawa, 1992; Niskar et al, 1998; Sargorodsky, et al, 2010).

Summary statements below are based on data included in The American Audiological report:

- School entry hearing screening at preschool and kindergarten will identify less than  $\frac{1}{4}$  to less than  $\frac{1}{2}$  of students with newly identifiable hearing loss
- Screening per the AAP guidelines (aged 4, 5, 6, 8 and 10 years), specifically preschool, kindergarten, and grades 1, 3, and 5, results in identifying over  $\frac{1}{2}$  but less than  $\frac{3}{4}$  of previously unidentified students.
- Approximately 90% of new hearing losses will be identified if grades PS – 3 are screened;
- If screening only one secondary grade, 7th and 9th have similar yields, although identifying hearing loss earlier in combination with an educational prevention effort may be more effective prior to high school.
- To identify approximately 70% of previously unidentified hearing losses, preschool, kindergarten, and grades 1, 3, 5 and 7 or 9 should be screened at a minimum. Since these data reflect screening implemented over 2 or 3 years, students who may have had identifiable hearing loss in the grades that were not screened (e.g., grade 4) were identified one year later.
- The trend for identification of new hearing losses decreases in grades 1, 2 and 3 and increases in grade 5, suggesting a possible increased prevalence of high frequency hearing loss in upper elementary school.

Current requirements for hearing screenings, required in Connecticut for grades K-3, 5 and 8, meet and surpass the American Academy of Audiology recommendations. Physicians should be required to comply with screening children at the time of their grade 6 or 7 physical examination as mandated. High School students should be screened by their health care providers as already required in Connecticut as part of their mandated physical examination in grade 9 or 10.

The goal of screenings for early identification, evidence based research, and the science of early intervention conflicts with increasing requirements for middle and high school hearing screening in school.

Thank you.

## References

American Academy of Audiology Childhood Hearing Screening Guidelines

[http://www.cdc.gov/ncbddd/hearingloss/documents/AAA\\_Childhood%20Hearing%20Guidelines\\_2011.pdf](http://www.cdc.gov/ncbddd/hearingloss/documents/AAA_Childhood%20Hearing%20Guidelines_2011.pdf)

Connecticut State Department of Education School Health Promotion

[http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/Guidelines\\_Health\\_Screenings\\_C\\_SDE.pdf](http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/Guidelines_Health_Screenings_C_SDE.pdf)